STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form NON-CONFLICT CASES

Name of Claimant					Vendor ID #		
on a travel expense vouch were incurred. Do not incluse parate claims. (For more note)://www.publicdefender case. Please mail the oriented case that you have all cases that you have all you	ed invoice and any related per and attach. Submit the mude dates of service for more detailed information on how metagov/contracts.asp.) Subsiginal, including your original ve closed (C) or that are ina C3 Guilty-Trial C4 Acquitted	onthly claim be than one caw to submit a mit this claim nal signature ctive (I) on this C5 Terminated	y the 10th of lendar month claim, contact to the Region. We cannot be form. Identific C6 Relinquis	the month follo . Submit conflict t Lynn MacMilla ional Deputy P accept faxes fy all closures w hed C7 Adjudicati egion	wing the month in t and non-conflict an at 496-6385 or ublic Defender t or signature star with the following con C8 Consent De	which costs cases on go to hat assigned the mps.	
Note: Claims submitted m	ore than 45 days from the la	ast day of the	month of ser	vice will be de	nied.		
Client Name	OPD-Assigned Case ID #	Closed (C) or Inactive (I) Case?	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs	
TOTALS							
The undersigned Co	ounsel certifies that the case	s listed, expen	ses claimed a	and the times re	ported are true an	d accurate.	
Attorney's Signature/Date	of Submission	_					
Regional Deputy's Approv		Contract Manager's Approval/Date Approved					

Signatures above certify that all costs in excess of \$200 have been pre-approved.